SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  Agent  Addressee  B. Received by (Printed Name)  C. Date of Delivery  26-209  D. Is delivery address different from item 1? Yes
1. Article Addressed to:  CHROMACLOY AMERICAN  CORPORATION  C/O SEQUA CORPORATION	If YES, enter delivery address below:
111 EIGHTH AVENUE NEW YORK, NY 10019 10011	3. Service Type  Certified Mail
2. Article Number (Transfer from service label) 7003 0500 0003 0870 1167	
PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-2509	
United States Postal Service PM	Pirst-Class Postage & USPS  Permit No.
Sender: Please print your name, address, and ZIP+4 in this-box	
U.S. ENVIRONMENTAL PROTECTION AGENCY (6SF-AP) Region 6 1445 ROSS AVE Suite 1200 DALLAS, TX 75202-2733	

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